



# Emergency Management of Hereditary Angioedema (HAE)

Developed by the Canadian Hereditary Angioedema Network (CHAEN) representing HAE physicians | [chaen-rcah.ca](http://chaen-rcah.ca)

## PATIENT IDENTIFICATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Health System # \_\_\_\_\_

## DIAGNOSIS

HAE is a rare potentially life-threatening disease usually caused by C1 inhibitor (C1-INH) deficiency associated with tissue swelling (see description below).

## PROMPT TREATMENT

## PROMPT TRIAGE & ASSESSMENT

To determine the severity of the swelling.

## PROMPT TREATMENT

Will rapidly initiate onset of relief of the angioedema in this patient and decrease morbidity and mortality.

## AIRWAY OBSTRUCTION

The risk of dying from airway obstruction if left untreated is significant. Consider **early intubation** in progressive laryngeal edema.

## Clinical Characteristics of HAE

Recurrent non-pruritic edema of skin and submucosal tissue associated with pain, nausea/vomiting, diarrhea and airway swelling which can be life threatening.

- Laryngeal/airway swelling
- Facial/neck swelling
- Abominal attacks (abdominal pain, cramping, diarrhea, nausea/vomiting)
- Peripheral edema (other regions)

## HEALTHCARE TEAM

In case of Emergency Contact my Physician:

MD/specialty \_\_\_\_\_

Hospital \_\_\_\_\_



Other Clinic / Physician:

MD/specialty \_\_\_\_\_

Hospital \_\_\_\_\_



Physician signature \_\_\_\_\_

Date of recommendation:     /     /       
Day / Month / Year

## EMERGENCY CONTACTS

Please Contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_



Other Recommendations / Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:  
CHAEN/RCAH WEBSITE FOR  
EMERGENCY TREATMENT  
[chaen-rcah.ca/guidelines](http://chaen-rcah.ca/guidelines)



**PROMPT TREATMENT  
REQUIRED to PREVENT  
RAPID DETERIORATION**

## RECOMMENDED TREATMENT

C1 inhibitor (IV): 20 units/kg  
Dose for this patient is \_\_\_\_\_  
units IV by slow push (available at  
Blood Bank or patient will carry).

Icatibant: 30mg in 3cc subcutaneous injection  
over 30 seconds from a prefilled syringe.

Only if above not available, consider: solvent  
detergent treated plasma (SDP) or less safe  
frozen plasma (2 Units).

HAE attacks usually do not respond to treatment with glucocorticoids, antihistamines or epinephrine.

This patient may require prophylaxis before surgery or dental procedures in order to prevent an angioedema attack.

